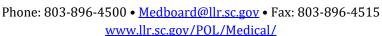


South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Medical Examiners

110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11289 • Columbia • SC • 29211





2019-2021 LATE RENEWAL APPLICATION FOR RESPIRATORY CARE PRACTITIONERS

Renewal Instructions/Requirements:

• Mail completed application and renewal fee in the form of a check or money order (no cash) in the amount of \$150.00 made payable to the S.C. Board of Medical Examiners to the address listed above. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)

		SC License No.:			
To find your Congressional District:					

<u>Ac</u>	tivity Status: (Check only one)			
	01 Currently practicing profession			
Pri	imary Practice Setting: (Where patien	ts are seen)		
120	Academic Setting (Teaching/Research)	170 Community Health	200 Federal Health (VA, MIL, NIH,	
210	Home Health/DME	230 Hospital-Emergency Room/Dept.	240 Hospital-Inpatio (General/Acute)	ent
250	Hospital-Inpatient (ICU, CCU, NICU, etc.)	270 Hospital (Sub-Acute)	290 Insurance Comp	pany
295	Manufacturer/Distributor	330 Nursing Home/SNF/Other Institutional Setting	350 Outpatient Facility/Physician Office	
403	Sleep Center/Diagnostic Center	407 Transportation Services	990 Other Setting (F	Please specify)
Pr	imary Practice Setting in South Caro	<u>llina</u>		
Me	edical Director:	Medical Dire	ctor License No.: _	
Co	unty:	Setting: (Codes listed above)	Hrs./Wl	ζ.:
	eck here to use business address info			
		C		
	• •			
Sad	condary Practice Setting in South Ca			
	edical Director:		ctor License No :	
	unty:			
	nployer Name:			
	eet Address:			
Cit	y, State, Zip:			
If y	RSONAL HISTORY QUESTIONS you answer Yes to any of the below que opporting documentation.	estions, please attach a detailed written	explanation along	with any
1.	extent that it might interfere with your respiratory care practice? (If you have	ess or alcohol or substance abuse or addrability to safely perform the essential voluntarily enrolled in the Recovering a full compliance with RPP, you may a	diction to the functions of <i>Professionals</i>	□ Yes □ No
2.	2. Since your last renewal (or if this is your first renewal since your initial license application), has your respiratory care practitioner certification/license been revoked, suspended, reprimanded, restricted, placed on probation or have you otherwise been disciplined by any professional or occupational licensing board or entity?		□ Yes □ No	
3.	restricted, denied or surrendered? This under investigation or pending discipl	our first renewal since your initial liceral or other health care facility been reves includes the relinquishment of work inary action for any reason. This does wileges as a result of a personal decision	oked, suspended, privileges while not include	□ Ves □ No

4.	Since your last renewal (or if this is your first renewal since your initial license application), have you been convicted, pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs or moral turpitude?	□ Yes □ No			
5.	Since your last renewal (or if this is your first renewal since your initial license application), has there been any change in the status of your lawful presence in the United States?	□ Yes □ No			
ATTESTATION I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.					

PRIVACY NOTICE

Signature:

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.

Date:

PRACTICE ACTIVITY STATEMENT-RESPIRATORY CARE LATE RENEWAL

This form must be notarized		
PRINTED FULL NAME OF LICENSEE		
LICENSE NUMBER RCP #		
1. I UNDERSTAND THIS IS A SWORN	STATEMENT MADE UNDER OATH [initial of li	censee]
2. I HEREBY CERTIFY THAT I HAVE I OF MY SOUTH CAROLINA LICENSI	NOT PRACTICED RESPIRATORY CARE SINCE THE BE ON MAY 31, 2019.	LAPSE
,	LSO PROVIDE ALL COPIES OF YOUR CME'S AY THE RENEWAL FEE OF \$75.00 AND LATE	
Signature of Licensee	DATE	
Subscribed and sworn to before me this day	y of, 2019	
Notary Public Signature		

SECTION 40-47-510. Definitions.

My Commission Expires

- (3) "Respiratory care or respiratory therapy" means the allied health profession or specialty which provides educational, therapeutic, or diagnostic procedures utilized in the prevention, detection, and management of deficiencies or abnormalities, or both, of the cardiopulmonary systems.
- (4) "Practice of respiratory care" may include, but is not limited to, the administration of pharmacologic, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician; transcription and implementation of written or verbal orders of a physician pertaining to the practice of respiratory care; observing and monitoring the signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing including determination of whether such signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics and implementation, based on observed abnormalities or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders of a person licensed to practice medicine under the laws of this State; or the initiation of emergency procedures under the regulations of the board or as otherwise permitted in this article. The practice of respiratory care may be performed in a clinic, hospital, skilled nursing facility, private dwelling, or other place considered appropriate or necessary by the board in accordance with the written or verbal order of a physician and must be performed under a qualified medical director.